

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N9800004763

1. Entity Name  
SUMMERGATE CONDOMINIUM ASSOCIATION, INC.



**FILED  
Apr 23, 2008 8:00 am  
Secretary of State**

04-23-2008 90031 035 \*\*\*\*61.25

40010130



03112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3616994	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ASHER, STEVEN  
1801 COOK AVE  
ORLANDO, FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

Make check payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE TD  Delete  
NAME HARRIS, MIKE  
STREET ADDRESS 4897 CYPRESS WOODS DRIVE, #6112  
CITY-ST-ZIP ORLANDO, FL 32811

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE Ron Fulton  Change  Addition  
NAME 4881 Cypress Woods Dr #3210  
STREET ADDRESS Orlando FL 32811

TITLE VD  Delete  
NAME DERRAR, SAMUEL  
STREET ADDRESS 4833 CYPRESS WOODS DRIVE, #4109  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE Patricia Darakdjan  Change  Addition  
NAME 4897 Cypress Woods Dr #6107  
STREET ADDRESS Orlando FL 32811

TITLE PD  Delete  
NAME FRANKLIN, BENJAMIN  
STREET ADDRESS 4881 CYPRESS WOODS DRIVE, #3214  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE Don Tasker  Change  Addition  
NAME 4881 Cypress Woods Dr #3101  
STREET ADDRESS Orlando FL 32811

TITLE SD  Delete  
NAME LEON, SAM  
STREET ADDRESS 8060 STRIPED MARLIN WAY  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME TRESTER, CAROL  
STREET ADDRESS 4833 CYPRESS WOODS DRIVE, #4202  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME HARDING, DEWAYNE  
STREET ADDRESS 4881 CYPRESS WOODS DRIVE, #6106  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benjamin H. Franklin* *4-15-08* *(989) 859-8183*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #